

FORM **126**

(REV. 11-2003)

DLN (DOR USE ONLY)

DELETE BIRTHDATE SOCIAL SECURITY NUMBER OR FEIN COUNTY EFFECTIVE DATE OF TITLE CHANGE NAME (LAST, FIRST, MIDDLE INITIAL) TITLE		ISE THIS FORM TO MAKE CHANGES EXEMPTION REGISTRATION RECORD		•	ER WITH	HOLDING	TAX, CO	RPORATE INC	OME / FRANCHISE		
BUSINESS CVINER/ORGANIZATION ADDRESS CURRENTLY ON FILE (INTER CORPORATION NAME # APPLICABLE) BUSINESS CVINER/ORGANIZATION ADDRESS CURRENTLY ON FILE CITY STATE 2P CODE COUNTY PLEASE MAKE THE FOLLOWING CHANGE(S) IN MY REGISTRATION RECORDS* (COMPLETE ALL APPROPRIATE ITEMS) 1. CHANGE GWINER NAME TO: OF PANCE CHANGE IS DUE TO A CHANGE OF MONERAINE A MISSOURITAX REGISTRATION APPLICATION MAIST BE COMPLETED; NOT APPLICABLE ON EXEMPTIONS. BEASON FOR NAME CHANGE CHANGE IS DUE TO A CHANGE ON INVERSING A MISSOURITAX REGISTRATION APPLICATION MAIST BE COMPLETED; NOT APPLICABLE ON EXEMPTIONS. BEASON FOR NAME CHANGE CHANGE CHANGE IN INVENTIGATION APPLICATION MAIST BE COMPLETED; NAME CHANGE GRUINESS NAME (DOING BUSINESS AS) TO: 1 CHANGE GRUINESS NAME (DOING BUSINESS AS) TO: 2 CHANGE GRUINESS NAME (DOING BUSINESS AS) TO: 3 CHANGE OF RESPONSIBLE PRESSOR, PARTMERS, OFFICERS, OR MEMBERS: (ALL INFORMATION IS REQUIRED. ATTACH A SUPPLEMENTAL LIST IF NECESSARY.) 1 CHANGE GRUINESS NAME (DOING BUSINESS AS) TO: 3 CHANGE GRUINESS NAME (DOING BUSINESS AS) TO: 4 CHANGE GRUINESS NAME (DOING BUSINESS AS) TO: 5 CHANGE GRUINESS NAME	SALES/USE E	MPLOYER WITHHOLDING TAX EXEMPTION NUMB	SER OR CORPORATE	INCOME / FRANCHISE TAX N	IUMBER						
DUDNIESS OWNER/OCKS-MIZATION ADDRESS CURRENTLY ON FILE CITY STATE 2PF CODE COUNTY PLEASE MAKE THE FOLLOWING CHANGE(S) IN MY REGISTRATION RECORDS: (COMPLETE ALL APPROPRIATE ITEMS) 1. CHANGE OWNER NAME TO: STATE SUPPLICATION ON THE STATE SUPPLICATION OF SUPPLICATION ON THE COMPLETE SUPPLICATION ON THE SUBMESS TO: 2. CHANGE OWNER ADDRESS TO: CITY 3 TATE 2 P CODE COUNTY 1. CHANGE ENSWESS NAME (COME BUSINESS AS) TO: 2. CHANGE ENSWESS NAME (COME BUSINESS AS) TO: 3. CHANGE ENSWESS NAME (COME BUSINESS AS) TO: 4. CHANGE ENSWESS NAME (COME BUSINESS AS) TO: 4. CHANGE ENSWESS NAME (COME BUSINESS AS) TO: 5. CHANGE ENSWESS NAM	FEDERAL EM	PLOYER IDENTIFICATION NUMBER									
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6. CHANGE SALES/USE TAX FILING FREQUE MONTHLY (SALES TAX \$500 OR MOR		NTH)	QUARTER	RLY (SALES T	AX LESS THA	AN \$500 PER MC	onth) 🗌 annuall	Y (SALES TAX	(LESS THAN \$45	PER QUARTER)	
7. CHANGE EMPLOYER WITHHOLDING TAX MONTHLY (WITHHOLDING TAX \$500 QUARTERLY (WITHHOLDING TAX LE	OR MORE I	PER MONTH)			QUARTER/M		TAX LESS THAN \$45 PEF HOLDING TAX OVER \$9,(,	^Г Н)		
8. CHANGE THE CORPORATION TAXABLE Y	EAR END	то:	M	M D	D						
9. CHANGE MAILING ADDRESS FOR:		MPTION	HOLDING 1	ΓΔΧ	SALES/USE TAX CORPORATE INCOME / FRANCHISE TAX ALL TAX TYPES						
IN CARE OF (NOT REQUIRED)						OUTE OR PO BO	OX				
CITY				STATE			ZIP CODE		COUNTY		
CHANGE MAILING ADDRESS FOR:	CHANGE MAILING ADDRESS FOR: EXEMPTION EMPLOYER WITHHOLDING TAX				☐ SALES/USE TAX ☐ CORPORATE INCOME / FRANCHISE TAX ☐ ALL TAX TYPES						
IN CARE OF (NOT REQUIRED)					STREET, F	OUTE OR PO B	X				
CITY				STATE	1		ZIP CODE		COUNTY		
10. OPEN THE FOLLOWING NEW PHYSICAL BUSINESS ADDRESS FOR:		EXEMPTION		☐ SALES	/USE TAX		CONSUMER'S USE TAX	<u> </u>	☐ VENDOR'S	USE TAX	
BUSINESS NAME					STREET OF	R HIGHWAY ADE	DRESS (DO NOT USE PO	BOX, RURAL	ROUTE, HCR, ETG	2.)	
CITY (ENTER "UNINCORPORATED" IF NOT WITHIN A CITY'S LIMITS)						ZIP	COUNTY	TAXABLE SALES BEG DATE	SALES BEGIN		
DO YOU LEASE/RENT MOTOR VEREXEMPT, TO MISSOURI CUSTOME		FROM THI	S LOCA	TION, THA	AT WERE	PURCHASE	SALES TAX		☐ YES	□ NO	
DO YOU SELL POST-SECONDARY	EDUCA	TIONAL TI	EXTBOO	OKS?					☐ YES	\square NO	
DO YOU SELL FOOD ITEMS FROM	THIS LO	OCATION ⁻	THAT AF	RE EXEMP	T FROM	STATE SALE	S TAX?		☐ YES	\square NO	
DO YOU SELL AVIATION JET FUEL	FROM	THIS LOC	ATION?						☐ YES	\square NO	
DO YOU SELL DOMESTIC UTILITIE	S AT TH	IIS LOCAT	ION?						☐ YES	\square NO	
DO YOU SELL CIGARETTES OR O	THER TO	OBACCO F	RODUC	CTS FROM	THIS LO	CATION?			☐ YES	\square NO	
11. CLOSE THE FOLLOWING BUSINESS LOC BUSINESS NAME	ATION FOR	R: 🗌	EXEMPT	ION	SALES T		CONSUMER'S USE TAX PRESS (DO NOT USE PO		VENDOR'S USE TO ROUTE, HCR, ETO		
CITY (ENTER "UNINCORPORATED" IF NOT WI	THIN A CIT	TY'S LIMITS)			STATE	ZIP	COUNTY	DATE OF CLOSING	3	D C C Y Y	
THIS FORM MUST BE SIGNED BY THE OWN			i IS A SOL	E OWNERSH	IP; PARTNEF	R, IF THE BUSIN	IESS IS A PARTNERSHI	I P; REPORTED	OFFICER, IF THI	E BUSINESS IS A	
CORPORATION, OR BY A MEMBER IF THE BU SIGNATURE	SINESS IS	A L.L.C.		TITLI	E			DATE			
RETURN THIS FORM TO: DIVISION OF TAXAT	ION AND C	OLLECTION,	PO BOX 3	300, JEFFERS	SON CITY, MO) 65105-3300. IF	YOU HAVE QUESTIONS	, CALL (573) 75	51-5860. TDD (800	D) 735-2966	